delivered with forceps, the cord being tightly drawn about the neck. It was cut, and the child resuscitated. During the passage of the head the symphysis separated two and a quarter inches. The true conjugate of the pelvis was 8 cms.; the biparietal diameter of the child's head was 9½ cms. The pelvis was immobilized with adhesive plaster, and the wound closed without drainage. During the puerperium the patient suffered slight phlebitis in the left leg, which is ascribed by the writer to keeping her lying too long upon her back, namely, three weeks. At the end of the fourth week, by examining the patient while standing and swaying from one foot to the other, motion of perhaps a third of an inch was felt in the symphysis.

PUERPERAL NEURITIS.

In the *Deutsche med. Wochenschr.*, 1894, No. 50, BERNHARDT reports three cases of puerperal neuritis; in one, the median and ulnar nerves of the right side were affected; in the second, the left perineal nerve; and in the third, the right median and ulnar nerve. In the second case the forceps was applied, the head of the child remaining high in the pelvis in the second position before the use of the instrument. In the third case, the patient was ill for four months after labor, suffering with a bloody discharge and fever. All the cases presented the typical signs of neuritis, and were but little affected by treatment.

RUPTURE OF THE UTERUS DURING VERSION.

In the *St. Petersburger med. Wochenschr.*, 1894, No. 47, ARMIN TREU reports the case of a multigravida whose child died within the womb, and in whom labor ceased by reason of absorption of putrid material from the child. On examination, the lower portion of the uterus was found bound down by an old and firm adhesion extending across the posterior surface of the lower uterine segment. In performing version, the lower uterine segment ruptured just above this adhesion, the rupture being complete. The fetus and placenta were, however, removed manually, and the patient made a complete recovery.

TREATMENT OF BROW AND FACE PRESENTATIONS BY MANUAL INTERFERENCE.

In the *Zeitschrift für Geburtshilfe und Gynäkologie*, 1894, Band xxxi, Heft 1, THORN contributes a paper on the "Treatment of Brow and Face Presentations by Manual Interference." He reviews the literature of the subject, and, from his own experience and that of others, believes that when a face presentation develops at the end of the first or second period of labor, that delay is dangerous in the interests of the child. The first effort of the obstetrician should be to change the presentation into an occipital one by combined manipulation under anaesthesia. For the success of this manoeuvre, it is requisite that the fetus be movable in the pelvis, and that the mouth of the womb be sufficiently open to permit the introduction of at least half a hand. The combined method is contra-indicated when the face presentation was present from the beginning and did not develop through abnormality in the

mechanism of labor; also contra-indicated in prolapse of the umbilical cord or of the fetal extremities in placenta prævia and low attachment of the placenta, where the lower uterine segment is greatly distended, and where disproportion between the fœtus and pelvis exists.

In cases where the pelvis is normal, if the combined manipulation fails, and there is no immediate danger to the child, it is best to wait to observe whether the attempt to alter the presentation may not result in increased labor-pains and further progress in the labor; when, however, this improvement does not occur, internal version should be performed. Where the pelvis is contracted version and extraction by the feet should follow.

In brow presentations, when the brow is found above the rim of the pelvis, and movable in the pelvic inlet, the pelvis being normal, the attempt should be made to convert the presentation into one of the vertex by manipulation. When this fails, unless labor proceeds spontaneously, internal version must be performed. If brow presentation occurs as a complication of contracted pelvis, even in slight degree, delay should not take place, but failure in combined manipulation should lead to a prompt resort to version.

THE TREATMENT OF COMPLETE RUPTURE OF THE UTERUS.

CHOLMOGOROFF (*Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxxi., Heft 1) reports the following interesting case. The patient was a multipara who had borne four children by difficult labor, the last of which was terminated by craniotomy, with laceration of the anterior wall of the neck of the uterus. The patient recovered completely in three weeks. Examination of her pelvis showed a justo-minor pelvis of moderate contraction. The fifth pregnancy went on normally. When labor commenced, hemorrhage of moderate degree ensued. The patient was under the care of a midwife, who ruptured the membranes. The labor, however, failed to proceed, and the patient was brought into the hospital. On admission, examination showed the fœtus with its long axis parallel with that of the uterus. The head could be felt above the usual position. No heart-sounds were present. On vaginal examination the mouth of the uterus was found fully dilated. In front and to the right could be felt a considerable portion of the placenta. The breech of the child was at the pelvic inlet, the sacrum directed posteriorly and to the left. The right foot was found on the same level with the breech. Hemorrhage, although not excessive, persisted. Accordingly, the right foot of the fœtus was grasped; following this, the hemorrhage did not abate, and accordingly extraction was immediately carried out. As the breech was an inefficient tampon, the hemorrhage continued. The extraction of the child was a most difficult one, and recourse was finally had to craniotomy upon the after-coming head, the opening of the skull being made through the palate. After the extraction of the child, hemorrhage did not entirely cease, and an examination showed the transverse rupture of the uterus at the cervix. The placenta lay in the abdominal cavity among the intestine. The fœtus also had been in the abdominal cavity. After the removal of the fœtus and placenta the hemorrhage did not cease. The condition called for a choice between two methods of treatment, one by celiotomy, the other by the use of the tampon. As the fœtus had been in the abdominal cavity for some little time, and the